

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO. _____ FILING DATE _____

APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
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48						
49						
50						
TOTAL IND.			↓		↓	
TOTAL DEP.			←		←	
TOTAL CLAIMS						

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
55						
56						
57						
58						
59						
60						
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63						
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66						
67						
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74	/					
75		/				
76		/				
77		/				
78		/				
79		/				
80		/				
81		/				
82		/				
83		8				
84		8				
85	/					
86		/				
87		/				
88		/				
89		/				
90		5				
91		5				
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.		2		↓		
TOTAL DEP.		38		←		
TOTAL CLAIMS		40		←		

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS